

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90309 042 \*\*\*\*61.25

**DOCUMENT # N48487**

1. Entity Name  
**HILLCREST CONDOMINIUM NO. 1, INC.**



Principal Place of Business  
**5200 WASHINGTON ST  
HOLLYWOOD FL 33021**

Mailing Address  
**5200 WASHINGTON ST  
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0383857**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REINFELD, MILDRED  
5200 WASHINGTON ST  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |  |
|----------------|---|--|
| TITLE          | <b>BD V.P.</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>MEUNIE, CLAUDE</b> <i>Meunier</i>      |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>                 |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>                 |  |
| TITLE          | <b>BD</b>                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>MIKDOULIAS, JOHN</b> <i>Mikoloulas</i> |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>                 |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>                 |  |
| TITLE          | <b>PD</b>                                 | <input type="checkbox"/> Delete            |
| NAME           | <b>REINFELD, MILDRED</b> <i>Apri 306</i>  |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>                 |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>                 |  |
| TITLE          | <b>TD</b>                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CHONG, CORDINALD</b>                   |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>                 |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>                 |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>5201 BREWITT, JOYCE</b>         |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>          |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD, FLA 33021</b>        |  |
| TITLE          | <b>BD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ISOHINO, DELIA</b>              |  |
| STREET ADDRESS | <b>5200 WASHINGTON ST</b>          |  |
| CITY-ST-ZIP    | <b>WASHINGTON ST HOLLYWOOD FLA</b> |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred Reinfeld*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/26/03* **954**  
**961 5496**

CR2E037 (10/02)